

MS AF
REPLY UNDER 37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP

AMENDMENT TRANSMITTAL LETTER				Docket No. 1377-0188P																																					
Application No 10/603,865-Conf. #001455	Filing Date June 26, 2003	Examiner I. Marx		Art Unit 1651																																					
Applicant(s): John K. COLLINS et al.																																									
Invention: PROBIOTIC STRAINS FROM LACTOBACILLUS SALIVARIUS AND ANTIMICROBIAL AGENTS OBTAINED THEREFROM																																									
<p>MS AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application.</p> <p>The fee has been calculated and is transmitted as shown below</p>																																									
<p>CLAIMS AS AMENDED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th style="width: 15%;"></th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>9</td> <td>- 20 =</td> <td>0</td> <td>x 25.00</td> <td>0.00</td> </tr> <tr> <td>Independent Claims</td> <td>3</td> <td>- 3 =</td> <td>0</td> <td>x 100.00</td> <td>0.00</td> </tr> <tr> <td colspan="6" style="border-top: none;">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> </tr> <tr> <td colspan="6" style="border-top: none;">Other fee (please specify): _____</td> </tr> <tr> <td colspan="6" style="border-top: none; border-bottom: 2px solid black; text-align: right;">TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00</td> </tr> </tbody> </table>							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		Total Claims	9	- 20 =	0	x 25.00	0.00	Independent Claims	3	- 3 =	0	x 100.00	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>						Other fee (please specify): _____						TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00					
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TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: 0.00																																									
<input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity																																									
<input checked="" type="checkbox"/> No additional fee is required for this amendment.																																									
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.																																									
<input type="checkbox"/> A check in the amount of \$ _____ is enclosed.																																									
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached																																									
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 02-2448 as described below. A duplicate copy of this sheet is enclosed																																									
<input checked="" type="checkbox"/> Credit any overpayment																																									
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17																																									
 Dated: April 3, 2007																																									
Mary Anne Armstrong Attorney Reg. No.: 40,069																																									
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